Transformation? :
The promise and challenge of health information technology

Rex Cowdry, MD, MPH

Executive Director

Maryland Health Care Commission
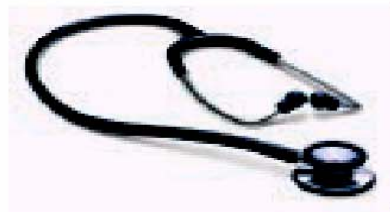
rcowdry@mhcc.state.md.us

Escape Fire

LESSONS FOR THE FUTURE OF HEALTH CARE

Donald M. Berwick, MD, MPP
PRESIDENT AND CEO
INSTITUTE FOR HEALTHCARE IMPROVEMENT

THE COMMONWEALTH FUND

Flat on the angiography table: the patient's perspective

- Flat on the angiography table
- In search of my medical record(s)
- Broken ankles – again?
- Not another clipboard !
- It's a real timesaver – not !
- Not-so-electronic prescribing

Back against the wall:
the health policy analyst's perspective

- Escalating costs – 1/6 of the entire economy
- Variable quality and value
- Problems with access and insurance coverage
- Unmanageable amounts of information/knowledge
- Vital information absent when decisions are made
  - Information about the patient
  - Evidence-based decision support
  - Information about provider and treatment cost, quality, and outcomes to engage and empower the patient
- Medical liability crisis and the cost of defensive medicine
- Poor public health and homeland security surveillance
- Poor methods of gathering real world data about treatment effectiveness, outcomes, complications, adverse effects
- "Fragmented" health care system

EMR and Information Exchange:
Different adoption issues, different incentives

- EMR economics
  - hospitals
  - large medical groups
  - small practices
- Information exchange – a classic problem in network economics and externalities

Information Exchange – Private and Secure

- Principles and business processes
  - Whose information is it? Where does it reside?
  - Identity resolution, authentication, authorization
    - Trust hierarchies vs. peer-to-peer
  - What information is transferred? (sit. specific)
  - What control can individuals, providers exercise?
- Architecture
  - Broad agreement on federated structure
  - Index and peer-to-peer vs. exchange controlled?
  - Hospital-centric, payer-centric, patient-centric

- Sustainable business model
  - The business case for different parties – and the problem of externalities
  - Pay for metal, pay for use, pay for performance?
- Liability
  - Protection from liability
  - Exposure to liability (departure from recommendations, info not reviewed/acted on)
  - Documentation as protection
- Purchasing and implementation challenges
  - Lack of a Consumer Reports
  - Shared infrastructure to reduce costs
- The value of data – and the challenges

The Maryland Approach

- Maryland Pioneers and Advocates:
  - Maryland/DC Collaborative and Victor Plavner
  - Hospital and practice systems developing local interoperability
- Task Force on the Electronic Medical Record
  - 26 members with broad stakeholder participation
  - 26 months
  - Focus on public policy issues including privacy and security, information flow and control, governance

- Concurrent developments on the national scene – and the question of timing
  - Standards harmonization
  - EHR certification
  - Privacy and security
  - Stark/anti-kickback/anti-inurement
  - Infrastructure development

- Planning contracts for a state-wide health information exchange organization (15 months)
  – Technical solutions
  – Business process and business model solutions
  – Governance and policy solutions
- RFC for buildout, based on best ideas from the planning contracts
- Buildout with financing from multiple sources
  – Adoption of EMRs by providers
  – Development of the state-wide exchange

The Unique Potential of Maryland

- A Tradition of Collaboration in Health Care
- Interest in the Administration and the General Assembly
- Expertise
- A Unique Source of Seed Funds – The Maryland All-Payer System
  - All payers – ERISA, fully insured, Medicaid, and Medicare – contribute to the common good
  - Resulting effort is not beholden to one stakeholder group
- Potential to develop a truly citizen-centric system
  - Early attention to citizen role in governance of the exchange
  - Focus on principles, business practices, privacy policies that supplement HIPAA <u>before</u> designing the information exchange
  - Address the needs of providers and payers, protect their interests
  - Nonetheless, treat the best interest of the patient as paramount

"We're from the government, and we're here to…."

- ~~Help~~
- ~~Operate or control the system~~
- Convene
- Assist in funding (as a payor and as an intermediary)
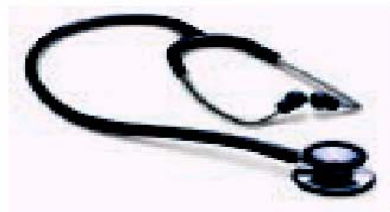- Represent the citizens of Maryland

Escape Fire

LESSONS FOR THE FUTURE OF HEALTH CARE

Donald M. Berwick, MD, MPP
PRESIDENT AND CEO
INSTITUTE FOR HEALTHCARE IMPROVEMENT